



**HIPAA Transaction Sets and Code Sets  
(HTSCS)  
837 Institutional Companion Guide Specifications**

**Version 3.5  
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## **1. INTRODUCTION**

Companion guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda*. The South Carolina Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this Companion Guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained by downloading the files from the following Web site:

[http://www.wpc-edl.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edl.com/hipaa/HIPAA_40.asp)

## **2. SCOPE**

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through Subtitle F of Title II of that law, Congress added to Title XI of the Social Security Act a new Part C, entitled, "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for, "Standards for Electronic Transactions," which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed for such an extension.

Electronic submission of claims will follow these guidelines:

- Claims currently filed on CMS-1500 or equivalent current electronic format will be filed on the 837P.
- Claims currently filed on ADA or equivalent current electronic format will be filed on the 837D.
- Claims currently filed on UB-04 or equivalent current electronic format will be filed on the 837I.

This Companion Guide includes the scope and transaction maps for the ASC X12N 837 004010X096A1 Health Care Claim Institutional transaction set.

The purpose of the South Carolina Medicaid Companion Guide is to provide support for the submission of the HIPAA-compliant 837 Institutional claim and ensure proper processing of claims submitted to SC Medicaid. The 837 Institutional Guide provides a mapping to the UB92 Form Locators. These mappings are also referenced at each data element within the Implementation Guide. The mappings follow the current SC Medicaid Institutional formats and should be used as a cross-reference to the applicable data element in the 837 Institutional transaction, unless otherwise specified within this document. South Carolina Medicaid billing requirements also should be followed to ensure proper processing of claims. Specific SC Medicaid billing instructions can be found in provider manuals and Medicaid bulletins.

### 3. 837 INSTITUTIONAL SERVICE REQUEST TRANSACTION MAP

\*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X096A1.

\*\*The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
	<b>ISA/R-B.3</b>	ISA01	R	Authorization Information Qualifier	Use Value '00' – No Authorization Information Present (No Meaningful Information in I02)
		ISA02	R	Authorization Information	Enter 10 Blanks
		ISA03	R	Security Information Qualifier	Use Value '00' – No Security Information Present (No Meaningful Information in I04)
		ISA04	R	Security Information	Enter 10 Blanks
		ISA05	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA06	R	Interchange Sender ID	Use the SC Medicaid Assigned Submitter Number – Left Justified - 15 Characters
		ISA07	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA08	R	Interchange Receiver ID	Use Value 'SCMEDICAID' – Left Justified – 15 Characters
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Use Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS
		ISA12	R	Interchange Control Version Number	Use Value '00410'
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
					Trailer IEA02
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	Assigned by Submitter
	<b>GS/R-B.8</b>	GS01	R	Functional Identifier Code	Use Value 'HC' – Health Care Claim
		GS02	R	Application Senders Code	Use the SC Medicaid Assigned Submitter ID
		GS03	R	Application Receivers Code	Use Value 'SCMEDICAID'
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GS02
		GS07	R	Responsible Agency Code	Use Value 'X' – Accredited Standards Committee X12
		GS08	R	Version/Release/Industry Identifier Code	Use Value '004010X096A1'
	ST/R-56	ST01	R	Transaction Set Identifier Code	Use Value '837'
		ST02	R	Transaction Set Control Number	Assigned by Submitter The value in ST02 must be identical to SE02.
	BHT/R-57	BHT01	R	Hierarchical Structure Code	Use Value '0019'
		BHT02	R	Transaction Set Purpose Code	Use Value '00' - Original
		BHT03	R	Originator Application Transaction Identifier	Assigned by Submitter
		BHT04	R	Transaction Set Creation Date	Format is CCYYMMDD
		BHT05	R	Transaction Set Creation Time	Format is HHMM

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		BHT06	R	Transaction Type Code	Value 'CH' – Chargeable Value 'RP' – Reporting (use this value for Encounters)
	REF/R - 60	REF01	R	Reference Identification Qualifier	Use Value '87' – Functional Category
		REF02	R	Transaction Type Code	Use value "004010X096A1"
		REF03	N	Description	
		REF04	N	Reference Identifier	
1000A/R-61				<b>SUBMITTER NAME</b>	
	NM1/R - 61	NM101	R	Entity Identifier Code	Use Value '41' – Submitter
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Submitter Last or Organization Name	
		NM104	S	Submitter First Name	Required if NM102=1 (person).
		NM105	S	Submitter Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use Value '46' – Electronic Transmitter Identification Number
		NM109	R	Submitter Identifier	Use your Trading Partner Identification Number.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/R -64	PER01	R	Contact Function Code	
		PER02	R	Submitter Contact Name	
		PER03	R	Communication Number Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		PER04	R	Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Communication Number	
		PER09	N	Contact Inquiry Reference	
1000B/R-67				<b>RECEIVER NAME</b>	
	NM1/R - 67	NM101	R	Entity Identifier Code	Use Value '40' - Receiver
		NM102	R	Entity Type Qualifier	Use Value '2' - Non-Person Entity
		NM103	R	Receiver Name	Use value "SC Medicaid".
		NM104	N	Name First	
		NM105	N	Name Middle	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Information Receiver Identification Number	Use Value '46' - Electronic Transmitter Identification Number
		NM109	R	Receiver Primary Identifier	Use value 'SC Medicaid'.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2000A/R-69, S-12 of the addenda				<b>BILLING PAY-TO-PROVIDER</b>	
	HL/R -69	HL01	R	Hierarchical ID Number	HL01 must begin with "1" and be incremented by one each time an 'HL' is used in the transaction. Only numeric values are allowed in HL01.



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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	Use Value '20' – Information Source
		HL04	R	Hierarchical Child Code	The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0).
	PRV/S - 71	PRV01	R	Provider Code	Required if the Service Facility Provider is the same entity as the Billing Provider and/or the Pay-to Provider. In these cases, the Service Facility Provider is being identified at this level for all subsequent claims in this HL batch and Loop ID-2310E is not used.
		PRV02	R	Reference Identification Qualifier	Use value 'BI' - Billing
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider and that was used for the SC Medicaid Provider Enrollment.
		PRV04	N	State of Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	CUR/S - 73			Foreign Currency Information	SC Medicaid will not use this segment.
2010AA/R-76				<b>BILLING PROVIDER NAME</b>	
	NM1/R -76	NM101	R	Entity Identifier Code	Use value '85' for Billing Provider Use this code to indicate billing provider, billing submitter, and encounter reporting entity.
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Billing Provider Last or Organization Name	
		NM104	N	Name First	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		NM105	N	Name Middle	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI.
		NM109	R	Billing Provider Identifier	NPI for Billing Provider.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/R - 79	N301	R	Billing Provider Address Line	
		N302	S	Billing Provider Address Line	
	N4/R - 80	N401	R	Billing Provider City Name	
		N402	R	Billing Provider State or Province Code	
		N403	R	Billing Provider Postal Zone or ZIP Code	Submit Full 9 Digit Zip Code
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S - 82	REF01	R	Reference Identification Qualifier	Enter 'SY' for Social Security Number or 'EI' for Employer's ID Number in the first iteration of this segment.
		REF02	S	Billing Provider Additional Identifier	Enter Social Security Number or Employer's ID Number.
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 85			Credit/Debit Card Billing Information	SC Medicaid will not use this segment.

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
	PER/S - 87	PER01	R	Contact Function Code	SC Medicaid will not use this segment.
		PER02	R	Billing Provider Contact Name	
		PER03	R	Communication Number Qualifier	
		PER04	R	Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Communication Number	
		PER09	N	Contact Inquiry Reference	
2010AB/S-91				<b>PAY-TO PROVIDER NAME</b>	SC Medicaid will not use this loop.
2000B/R-99				<b>SUBSCRIBER HIERARCHICAL LEVEL</b>	
	HL/R - 99	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '22' - Subscriber
		HL04	R	Hierarchical Child Code	Assigned by Submitter Value '0' - No Subordinate HL Segment in This Hierarchical Structure. Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
	SBR/R - 101	SBR01	R	Payer Responsibility Sequence Number Code	Value 'P' - Primary Value 'S' - Secondary Value 'T' - Tertiary (payer of last resort)
		SBR02	S	Individual Relationship Code	Use Value '18' - Self
		SBR03	S	Insured Group or Policy Number	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		SBR04	S	Insured Group Name	
		SBR05	N	Insurance Type Code	
		SBR06	N	Coordination of Benefits Code	
		SBR07	N	Yes/No Condition or Response Code	
		SBR08	N	Employment Status Code	
		SBR09	S	Claim Filing Indicator Code	Use Value 'MC' - Medicaid
2010BA/R-108				<b>SUBSCRIBER NAME</b>	
	NM1/R - 108	NM101	R	Entity Identifier Code	Use Value 'IL' - Insured/Subscriber
		NM102	R	Entity Type Qualifier	Use Value '1' - Person
		NM103	R	Subscriber Last Name	
		NM104	S	Subscriber First Name	This data element is required when NM102 equals one (1).
		NM105	S	Subscriber Middle Name	This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Subscriber Name Suffix	This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.
		NM108	S	Identification Code Qualifier	Use value 'MI'.
		NM109	S	Identification Code	Use Recipient's 10 Digit SC Medicaid Identification Number. This data element is required when NM102 equals one (1).
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S - 112	N301	R	Subscriber Address Line	This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).
		N302	S	Subscriber Address Line	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
	N4/S - 113	N401	R	Subscriber City Name	This segment is required when the Patient is the same person as theSubscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).
		N402	R	Subscriber State Code	
		N403	R	Subscriber Postal Zone or ZIP Code	
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	DMG/S - 115	DMG01	R	Date Time Period Format Qualifier	This segment is required when the Patient is the same person as theSubscriber. (Required when Loop ID 2000B, SBR02- 18 (self)). Use Value 'D8'
		DMG02	R	Subscriber Birth Date	Format is CCYYMMDD
		DMG03	R	Subscriber Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
	REF/S - 117	REF01	R	Reference Identification Qualifier	SC Medicaid will not Use this Segment
		REF02	R	Subscriber Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 119			Property and Casualty Claim Number	SC Medicaid will not use this segment.
2010BB/S-121				<b>CREDIT/DEBIT CARD ACCOUNT</b>	SC Medicaid will not use this loop.
2010BC/R-126				<b>PAYER NAME</b>	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
	NM1/R - 126	NM101	R	Entity Identifier Code	Use Value 'PR' – Payer
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Payer Name	Use Value 'SCMEDICAID'
		NM104	N	Name First	
		NM105	N	Name Middle	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value "PI".
		NM109	R	Payer Identifier	Use value 'SCXIX'.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S - 129	N301	R	Payer Address Line	Use value '1801 Main Street'.
		N302	S	Payer Address Line	
	N4/S - 130	N401	R	Payer City Name	Use value 'Columbia'.
		N402	R	Payer State Code	Use value 'SC'.
		N403	R	Payer Postal Zone or ZIP Code	Use value '29201'.
		N404	S	Payer Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S - 132	REF01	R	Payer Additional Identifier	SC Medicaid will not use this segment.
2010BD/S-134				<b>RESPONSIBLE PARTY NAME</b>	SC Medicaid will not use this loop.
2000C/S-139				<b>PATIENT HIERARCHICAL LEVEL</b>	SC Medicaid will not use this loop.
2010CA/R-145				<b>PATIENT NAME</b>	SC Medicaid will not use this loop.
2300/R-157				<b>CLAIM INFORMATION</b>	
	CLM/R - 158	CLM01	R	Patient Account Number	The number that the submitter transmits in this

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
					position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system.  The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.
		CLM02	R	Total Claim Charge Amount	Due to limitations in the SCMMIS, this entry should have no more than 7 positions to the left of the decimal and two positions to the right – 9(7)V99
		CLM03	N	Claim Filing Indicator Code	
		CLM04	N	Non-Institutional Claim Type Code	
		CLM05	R	Health Care Service Location Information	
		CLM05-1	R	Facility Type Code	
		CLM05-2	R	Facility Code Qualifier	Use Value 'A' - Uniform Billing Claim Form Bill Type
		CLM05-3	R	Claim Frequency Code	NOTE: for codes 7 and 8, the Claim Control Number (CCN) of the original claim must be provided in a REF segment in this loop in the Claim Original Reference Number element
		CLM06	R	Provider or Supplier Signature on File Indicator	
		CLM07	S	Medicare Assignment Code	
		CLM08	R	Benefits Assignment Certification Indicator	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		CLM09	R	Release of Information Code	
		CLM10	N	Patient Signature Source Code	
		CLM11	S	Related Causes Information	
		CLM11-1	R	Related Causes Code	
		CLM11-2	S	Related Causes Code	
		CLM11-3	S	Related Causes Code	
		CLM11-4	S	State Code	
		CLM11-5	S	Country Code	
		CLM12	S	Special Program Indicator	Required if the services were rendered under one of the following circumstances, programs or projects. 01 – Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 – Physically Handicapped Children’s Program 03 – Special Federal Funding 05 – Disability 07 – Induced Abortion - Danger to Life 08 - Induced Abortion - Rape or Incest 09 - Second Opinion or Surgery
		CLM13	N	Yes/No Condition or Response Code	
		CLM14	N	Level of Service Code	
		CLM15	N	Yes/No Condition or Response Code	
		CLM16	N	Provider Agreement Code	
		CLM17	N	Claim Status Code	
		CLM18	R	Explanation of Benefits Indicator	



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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		CLM19	N	Claim Submission Reason Code	
		CLM20	S	Delay Reason Code	Required when claim is submitted late (past contracted date of filing limitations).
	DTP/S - 165	DTP01	R	Date Time Qualifier	This segment is required on all final inpatient claims/encounters. Use Value '096' – Discharge Hour
		DTP02	R	Date Time Period Format Qualifier	Use Value 'TM' – Time
		DTP03	R	Discharge Hour	Format is HHMM
	DTP/R - 167	DTP01	R	Date Time Qualifier	Use value '434' – Statement
		DTP02	R	Date Time Period Format Qualifier	Use value 'RD8'.
		DTP03	R	Statement From or To Date	Format is CCYYMMDD - CCYYMMDD
	DTP/S - 169	DTP01	R	Date Time Qualifier	This segment is required on all Inpatient claims. Use Value '435' - Admission
		DTP02	R	Date Time Period Format Qualifier	Use Value 'DT' – Date and Time
		DTP03	R	Admission Date and Hour	Format is CCYYMMDDHHMM
	CL1/S - 171	CL101	S	Admission Type Code	This segment is required when reporting hospital based admission and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-Medicare outpatient claims/encounters.
		CL102	S	Admission Source Code	Required when patient is being admitted to the hospital for inpatient services.
		CL103	S	Patient Status Code	Required for all inpatient claims/encounters.
		CL104	N	Nursing Home Residential Status Code	
	PWK/S - 173	PWK01	R	Report Type Code	SC Medicaid will not use this segment
		PWK02	R	Attachment Transmission Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		PWK03	N	Report Copies Needed	
		PWK04	N	Entity Identifier Code	
		PWK05	S	Identification Code Qualifier	
		PWK06	S	Identification Code	
		PWK07	S	Attachment Description	
		PWK08	N	Actions Indicated	
		PWK09	N	Request Category Code	
	CN1/S - 176	CN101	R	Contract Type Code	Required if the provider is contractually obligated to provide contract information on this claim. PAT or OSS Nursing Home providers enter value '09' – Other.
		CN102	S	Contract Amount	PAT or OSS Nursing Home providers enter recipient's monthly income.
		CN103	S	Contract Percent	
		CN104	S	Contract Code	
		CN105	S	Terms Discount Percentage	
		CN106	S	Contract Version Identifier	
	AMT/S - 178	AMT01	R	Amount Qualifier Code	SC Medicaid will not use this segment.
		AMT02	R	Estimated Claim Due Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 180	AMT01	R	Amount Qualifier Code	SC Medicaid will not use this segment.
		AMT02	R	Patient Responsibility Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 182	AMT01	R	Amount Qualifier Code	SC Medicaid will not use this segment.

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		AMT02	R	Patient Amount Paid	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 184	AMT01	R	Credit/Debit Card Maximum Amount	SC Medicaid will not use this segment.
	REF/S - 185	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Adjusted Re-priced Claim Reference Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S- 186	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Re-priced Claim Reference Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-187	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Value Added Network Trace Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 189	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Document Control Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 191	REF01	R	Reference Identification Qualifier	Use 'F8' – Original Reference Number when CLM05-3 equals 7 or 8.
		REF02	R	Claim Original Reference Number	Use the CCN of the original claim.
		REF03	N	Description	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		REF04	N	Reference Identifier	
	REF/S - 193	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Investigational Device Exception Code	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 195	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Service Authorization Exception Code	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 197	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Peer Review Authorization Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 198	REF01	R	Reference Identification Qualifier	SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line.
		REF02	R	Prior Authorization Number	For PEP recipients, use the Gate Keeper's Medicaid provider number.
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 200	REF01	R	Reference Identification Qualifier	Required if provider needs to identify for future inquiries the actual medical record of the patient identified in either Loop ID - 2010BA for this episode of care. Use Value 'EA' - Medical Record Number

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		REF02	R	Medical Record Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S - 202	REF01	R	Reference Identification Qualifier	SC Medicaid will not use this segment.
		REF02	R	Demonstration Project Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	K3/S - 204	K301	R	Fixed Format Information	Positions 1-3= POA, Position 4= the POA indicator for the principal dx code. Position 5 begins the reporting of POA indicators for all other dx codes if applicable. A "Z" or an "X" must be reported to indicate the end of reporting of the POA indicators for the "other" dx codes. The byte following the "Z" or "X" value represents the POA indicator for a submitted e-code if applicable. If the segment ends in a "Z" or an "X" value, than the e-code was not submitted.
		K302	N	Record Format Code	
		K303	N	Composite Unit of Measure	
	NTE/S - 205	NTE01	R	Note Reference Code	Regular Nursing Home providers enter value "UPI".
		NTE02	R	Claim Note Text	As appropriate enter value "SNFxx" or value "ICFxx" where xx indicates the number of days. The SNF and ICF days could have a value of '00' for xx if no days apply.
	NTE/S - 208	NTE01	R	Note Reference Code	All Nursing Home providers enter value "ADD".

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		NTE02	R	Billing Note Text	As appropriate enter value " EXT", or "REG", or "OSS" Enter value "RCFxxIPCxx" where 'xx' represents the number of days. Do not enter a space between the values.  The IPC and RCF days will have a value of '00' if no days apply.
	CR6/S - 210	CR601	R	Prognosis Indicator	SC Medicaid will not use this segment.
		CR602	R	Service From Date	
		CR603	S	Date Time Period Qualifier	
		CR604	S	Home Health Certification Period	
		CR605	R	Diagnosis Date	
		CR606	R	Skilled Nursing Facility Indicator	
		CR607	R	Medicare Coverage Indicator	
		CR608	R	Certification Type Indicator	
		CR609	S	Surgery Date	
		CR610	S	Product or Service ID Qualifier	
		CR611	S	Surgical Procedure Code	
		CR612	S	Physician Order Date	
		CR613	S	Last Visit Date	
		CR614	S	Physician Contact Date	
		CR615	S	Date Time Period Format Qualifier	
		CR616	S	Last Admission Period	
		CR617	R	Patient Discharge Facility Type Code	
		CR618	S	Diagnosis Date	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		CR619	S	Diagnosis Date	
		CR620	S	Diagnosis Date	
		CR621	S	Diagnosis Date	
	CRC/S - 218	CRC01	R	Code Category	SC Medicaid will not use this segment.
		CRC02	R	Certification Condition Indicator	
		CRC03	R	Functional Limitation Code	
		CRC04	S	Functional Limitation Code	
		CRC05	S	Functional Limitation Code	
		CRC06	S	Functional Limitation Code	
		CRC07	S	Functional Limitation Code	
	CRC/S - 221	CRC01	R	Code Category	SC Medicaid will not use this segment.
		CRC02	R	Functional Limitation Code	
		CRC03	R	Activities Permitted Code	
		CRC04	S	Activities Permitted Code	
		CRC05	S	Activities Permitted Code	
		CRC06	S	Activities Permitted Code	
		CRC07	S	Activities Permitted Code	
	CRC/S - 224	CRC01	R	Code Category	SC Medicaid will not use this segment.
		CRC02	R	Functional Limitation Code	
		CRC03	R	Mental Status Code	
		CRC04	S	Mental Status Code	
		CRC05	S	Mental Status Code	
		CRC06	S	Mental Status Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		CRC07	S	Mental Status Code	
	HI/R - 227	HI01	R	Health Care Code Information	<p>The Principal Diagnosis is required on all inpatient and outpatient claims.</p> <p>The Admitting Diagnosis is required on all inpatient admission claims and encounters.</p> <p>An E-Code diagnosis is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.</p> <p>The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.</p>
		HI01-1	R	Code List Qualifier Code	Use Value 'BK' – Principal Diagnosis
		HI01-2	R	Industry Code	
		HI01-3	N	Date Time Period Format Qualifier	
		HI01-4	N	Date Time Period	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	Required for all unscheduled outpatient visits or upon the patient's admission to the hospital.
		HI02-1	R	Code List Qualifier Code	<p>Use Value 'BJ' – Admitting Diagnosis or</p> <p>Use Value 'ZZ' – Patient Reason for Visit</p>
		HI02-2	R	Industry Code	
		HI02-3	N	Date Time Period Format Qualifier	
		HI02-4	N	Date Time Period	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	



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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
		HI03-1	R	Code List Qualifier Code	Use Value 'BN' - United States Department of Health and Human Services, Office of Vital Statistics E-code
		HI03-2	R	Industry Code	
		HI03-3	N	Date Time Period Format Qualifier	
		HI03-4	N	Date Time Period	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	N	Health Care Code Information	
		HI05	N	Health Care Code Information	
		HI06	N	Health Care Code Information	
		HI07	N	Health Care Code Information	
		HI08	N	Health Care Code Information	
		HI09	N	Health Care Code Information	
		HI10	N	Health Care Code Information	
		HI11	N	Health Care Code Information	
		HI12	N	Health Care Code Information	
	HI/S - 230	HI01	R	Health Care Code Information	
		HI01-1	R	Code List Qualifier Code	
		HI01-2	R	Diagnosis Related Group (DRG) Code	
		HI01-3	N	Date Time Period Format Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI01-4	N	Date Time Period	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	N	Health Care Code Information	
		HI03	N	Health Care Code Information	
		HI04	N	Health Care Code Information	
		HI05	N	Health Care Code Information	
		HI06	N	Health Care Code Information	
		HI07	N	Health Care Code Information	
		HI08	N	Health Care Code Information	
		HI09	N	Health Care Code Information	
		HI10	N	Health Care Code Information	
		HI11	N	Health Care Code Information	
		HI12	N	Health Care Code Information	
	HI/S - 232	HI01	R	Other Diagnosis Information	Required when other condition(s) co-exists with the principal diagnosis, co-exists at the time of admission or develops subsequently during the patient's treatment.
		HI01-1	R	Code List Qualifier Code	Use Value 'BF' - Diagnosis
		HI01-2	R	Other Diagnosis	
		HI01-3	N	Date Time Period Format Qualifier	
		HI01-4	N	Date Time Period	
		HI01-5	N	Monetary Amount	

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		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Other Diagnosis	
		HI02-3	N	Date Time Period Format Qualifier	
		HI02-4	N	Date Time Period	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Other Diagnosis	
		HI03-3	N	Date Time Period Format Qualifier	
		HI03-4	N	Date Time Period	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Other Diagnosis	
		HI04-3	N	Date Time Period Format Qualifier	
		HI04-4	N	Date Time Period	

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		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Other Diagnosis	
		HI05-3	N	Date Time Period Format Qualifier	
		HI05-4	N	Date Time Period	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Other Diagnosis	
		HI06-3	N	Date Time Period Format Qualifier	
		HI06-4	N	Date Time Period	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Other Diagnosis	
		HI07-3	N	Date Time Period Format Qualifier	

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		HI07-4	N	Date Time Period	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Other Diagnosis	
		HI08-3	N	Date Time Period Format Qualifier	
		HI08-4	N	Date Time Period	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Other Diagnosis	
		HI09-3	N	Date Time Period Format Qualifier	
		HI09-4	N	Date Time Period	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Other Diagnosis	

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		HI10-3	N	Date Time Period Format Qualifier	
		HI10-4	N	Date Time Period	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Other Diagnosis	
		HI11-3	N	Date Time Period Format Qualifier	
		HI11-4	N	Date Time Period	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Other Diagnosis	
		HI12-3	N	Date Time Period Format Qualifier	
		HI12-4	N	Date Time Period	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
		HI01	S	Health Care Code Information	
		HI01-1	R	Code List Qualifier Code	

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		HI01-2	R	Other Diagnosis	
		HI01-3	N	Date Time Period Format Qualifier	
		HI01-4	N	Date Time Period	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Other Diagnosis	
		HI02-3	N	Date Time Period Format Qualifier	
		HI02-4	N	Date Time Period	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Other Diagnosis	
		HI03-3	N	Date Time Period Format Qualifier	
		HI03-4	N	Date Time Period	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	

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		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Other Diagnosis	
		HI04-3	N	Date Time Period Format Qualifier	
		HI04-4	N	Date Time Period	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Other Diagnosis	
		HI05-3	N	Date Time Period Format Qualifier	
		HI05-4	N	Date Time Period	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Other Diagnosis	
		HI06-3	N	Date Time Period Format Qualifier	
		HI06-4	N	Date Time Period	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	



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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Other Diagnosis	
		HI07-3	N	Date Time Period Format Qualifier	
		HI07-4	N	Date Time Period	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Other Diagnosis	
		HI08-3	N	Date Time Period Format Qualifier	
		HI08-4	N	Date Time Period	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Other Diagnosis	
		HI09-3	N	Date Time Period Format Qualifier	
		HI09-4	N	Date Time Period	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI09-7	N	Version Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Other Diagnosis	
		HI10-3	N	Date Time Period Format Qualifier	
		HI10-4	N	Date Time Period	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Other Diagnosis	
		HI11-3	N	Date Time Period Format Qualifier	
		HI11-4	N	Date Time Period	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Other Diagnosis	
		HI12-3	N	Date Time Period Format Qualifier	
		HI12-4	N	Date Time Period	
		HI12-5	N	Monetary Amount	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	HI/S - 242	HI01	S	Principal Procedure Information	Required on inpatient claims or encounters when a procedure was performed.
		HI01-1	R	Code List Qualifier Code	Use Value 'BP' - Health Care Financing Administration Common Procedural Coding System Principal Procedure or Use Value 'BR' - International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure
		HI01-2	R	Principal Procedure Code	
		HI01-3	S	Date Time Period Format Qualifier	
		HI01-4	S	Surgery Date Procedure Date	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	N	Health Care Code Information	
		HI03	N	Health Care Code Information	
		HI04	N	Health Care Code Information	
		HI05	N	Health Care Code Information	
		HI06	N	Health Care Code Information	
		HI07	N	Health Care Code Information	
		HI08	N	Health Care Code Information	
		HI09	N	Health Care Code Information	
		HI10	N	Health Care Code Information	
		HI11	N	Health Care Code Information	
		HI12	N	Health Care Code Information	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
	HI/S - 244	HI01	S	Other Procedure Information	Required on inpatient claims or encounters when additional procedures must be reported.
		HI01-1	R	Code List Qualifier Code	Use Value 'BO' - Health Care Financing Administration Common Procedural Coding System Or Use Value 'BQ' - International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
		HI01-2	R	Procedure Code	
		HI01-3	S	Date Time Period Format Qualifier	
		HI01-4	S	Procedure Date	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Procedure Code	
		HI02-3	S	Date Time Period Format Qualifier	
		HI02-4	S	Procedure Date	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Procedure Code	
		HI03-3	S	Date Time Period Format Qualifier	
		HI03-4	S	Procedure Date	
		HI03-5	N	Monetary Amount	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Procedure Code	
		HI04-3	S	Date Time Period Format Qualifier	
		HI04-4	S	Procedure Date	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Procedure Code	
		HI05-3	S	Date Time Period Format Qualifier	
		HI05-4	S	Procedure Date	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Procedure Code	
		HI06-3	S	Date Time Period Format Qualifier	
		HI06-4	S	Procedure Date	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI06-7	N	Version Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Procedure Code	
		HI07-3	S	Date Time Period Format Qualifier	
		HI07-4	S	Procedure Date	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Procedure Code	
		HI08-3	S	Date Time Period Format Qualifier	
		HI08-4	S	Procedure Date	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Procedure Code	
		HI09-3	S	Date Time Period Format Qualifier	
		HI09-4	S	Procedure Date	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Procedure Code	
		HI10-3	S	Date Time Period Format Qualifier	
		HI10-4	S	Procedure Date	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Procedure Code	
		HI11-3	S	Date Time Period Format Qualifier	
		HI11-4	S	Procedure Date	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Procedure Code	
		HI12-3	S	Date Time Period Format Qualifier	
		HI12-4	S	Procedure Date	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI12-7	N	Version Identifier	
	HI/S - 256	HI01	S	Occurrence Span Information	
		HI01-1	R	Code List Qualifier Code	Use Value 'BI' – Occurrence Span
		HI01-2	R	Occurrence Span Code	
		HI01-3	R	Date Time Period Format Qualifier	Use Value 'RD8' – Date Range
		HI01-4	R	Occurrence Span Code Date	Format is CCYYMMDD-CCYYMMDD
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Occurrence Span Code	
		HI02-3	R	Date Time Period Format Qualifier	
		HI02-4	R	Occurrence Span Code Date	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Occurrence Span Code	
		HI03-3	R	Date Time Period Format Qualifier	
		HI03-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI03-5	N	Monetary Amount	



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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Occurrence Span Code	
		HI04-3	R	Date Time Period Format Qualifier	
		HI04-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Occurrence Span Code	
		HI05-3	R	Date Time Period Format Qualifier	
		HI05-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Occurrence Span Code	
		HI06-3	R	Date Time Period Format Qualifier	
		HI06-4	R	Occurrence or Occurrence Span Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
				Associated Date	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Occurrence Span Code	
		HI07-3	R	Date Time Period Format Qualifier	
		HI07-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Occurrence Span Code	
		HI08-3	R	Date Time Period Format Qualifier	
		HI08-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Occurrence Span Code	When HI09-1 = BI

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI09-3	R	Date Time Period Format Qualifier	
		HI09-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Occurrence Span Code	
		HI10-3	R	Date Time Period Format Qualifier	
		HI10-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Occurrence Span Code	
		HI11-3	R	Date Time Period Format Qualifier	
		HI11-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Occurrence Span Code	
		HI12-3	R	Date Time Period Format Qualifier	
		HI12-4	R	Occurrence or Occurrence Span Code Associated Date	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	HI/S - 267	HI01	S	Occurrence Information	
		HI01-1	R	Code List Qualifier Code	Use Value 'BH' – Occurrence
		HI01-2	R	Occurrence Code	
		HI01-3	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		HI01-4	R	Occurrence Code Date	Format is CCYYMMDD
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Occurrence Code	
		HI02-3	R	Date Time Period Format Qualifier	
		HI02-4	R	Occurrence Code Date	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Occurrence Code	
		HI03-3	R	Date Time Period Format Qualifier	
		HI03-4	R	Occurrence Code Date	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Occurrence Code	
		HI04-3	R	Date Time Period Format Qualifier	
		HI04-4	R	Occurrence Code Date	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Occurrence Code	
		HI05-3	R	Date Time Period Format Qualifier	
		HI05-4	R	Occurrence Code Date	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Occurrence Code	
		HI06-3	R	Date Time Period Format Qualifier	
		HI06-4	R	Occurrence Code Date	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Occurrence Code	
		HI07-3	R	Date Time Period Format Qualifier	
		HI07-4	R	Occurrence Code Date	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Occurrence Code	
		HI08-3	R	Date Time Period Format Qualifier	
		HI08-4	R	Occurrence Code Date	
		HI08-5	N	Monetary Amount	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Occurrence Code	
		HI09-3	R	Date Time Period Format Qualifier	
		HI09-4	R	Occurrence Date	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Occurrence Code	
		HI10-3	R	Date Time Period Format Qualifier	
		HI10-4	R	Occurrence Date	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Occurrence Code	
		HI11-3	R	Date Time Period Format Qualifier	
		HI11-4	R	Occurrence Date	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Occurrence Code	
		HI12-3	R	Date Time Period Format Qualifier	
		HI12-4	R	Occurrence Date	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	HI/S - 280	HI01	R	Value Information	
		HI01-1	R	Code List Qualifier Code	Use Value 'BE' – Value Code
		HI01-2	R	Value Code	
		HI01-3	N	Date Time Period Format Qualifier	
		HI01-4	N	Date Time Period	
		HI01-5	S	Value Code Associated Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Value Code	
		HI02-3	N	Date Time Period Format Qualifier	



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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI02-4	N	Date Time Period	
		HI02-5	R	Value Code Associated Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Value Code	
		HI03-3	N	Date Time Period Format Qualifier	
		HI03-4	N	Date Time Period	
		HI03-5	S	Value Code Associated Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Value Code	
		HI04-3	N	Date Time Period Format Qualifier	
		HI04-4	N	Date Time Period	
		HI04-5	R	Value Code Associated Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Value Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI05-3	N	Date Time Period Format Qualifier	
		HI05-4	N	Date Time Period	
		HI05-5	R	Value Code Associated Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Value Code	
		HI06-3	N	Date Time Period Format Qualifier	
		HI06-4	N	Date Time Period	
		HI06-5	R	Value Code Associated Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Value Code	
		HI07-3	N	Date Time Period Format Qualifier	
		HI07-4	N	Date Time Period	
		HI07-5	R	Value Code Associated Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI08-2	R	Value Code	
		HI08-3	N	Date Time Period Format Qualifier	
		HI08-4	N	Date Time Period	
		HI08-5	R	Value Code Associated Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Value Code	
		HI09-3	N	Date Time Period Format Qualifier	
		HI09-4	N	Date Time Period	
		HI09-5	R	Value Code Associated Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI010-2	R	Value Code	
		HI010-3	N	Date Time Period Format Qualifier	
		HI010-4	N	Date Time Period	
		HI010-5	R	Value Code Associated Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI11-1	R	Code List Qualifier Code	
		HI011-2	R	Value Code	
		HI011-3	N	Date Time Period Format Qualifier	
		HI011-4	N	Date Time Period	
		HI011-5	R	Value Code Associated Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Value Code	
		HI12-3	N	Date Time Period Format Qualifier	
		HI12-4	N	Date Time Period	
		HI12-5	R	Value Code Associated Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	HI/S - 290	HI01	S	Condition Codes	
		HI01-1	R	Code List Qualifier Code	Use Value 'BG' – Condition Code
		HI01-2	R	Condition Code	
		HI01-3	N	Date Time Period Format Qualifier	
		HI01-4	N	Date Time Period	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Condition Code	
		HI02-3	N	Date Time Period Format Qualifier	
		HI02-4	N	Date Time Period	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Condition Code	
		HI03-3	N	Date Time Period Format Qualifier	
		HI03-4	N	Date Time Period	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Condition Code	
		HI04-3	N	Date Time Period Format Qualifier	
		HI04-4	N	Date Time Period	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI04-7	N	Version Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Condition Code	
		HI05-3	N	Date Time Period Format Qualifier	
		HI05-4	N	Date Time Period	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Condition Code	
		HI06-3	N	Date Time Period Format Qualifier	
		HI06-4	N	Date Time Period	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Condition Code	
		HI07-3	N	Date Time Period Format Qualifier	
		HI07-4	N	Date Time Period	
		HI07-5	N	Monetary Amount	

<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Condition Code	
		HI08-3	N	Date Time Period Format Qualifier	
		HI08-4	N	Date Time Period	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Condition Code	
		HI09-3	N	Date Time Period Format Qualifier	
		HI09-4	N	Date Time Period	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Condition Code	
		HI10-3	N	Date Time Period Format Qualifier	
		HI10-4	N	Date Time Period	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Condition Code	
		HI11-3	N	Date Time Period Format Qualifier	
		HI11-4	N	Date Time Period	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Condition Code	
		HI12-3	N	Date Time Period Format Qualifier	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	HI/S-299	HI01	S	Health Care Code Information	SC Medicaid will not use this Segment
	QTY/S - 306	QTY01	R	Quantity Qualifier	Required on Inpatient claims or encounters when covered, co-insured, lifetime reserved or non-covered days are being reported.  Use Values: CA - Covered – Actual CD - Co-insured – Actual



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					LA - Life-time Reserve – Actual NA - Number of Non-covered Days
		QTY02	R	Claim Days Count	
		QTY03	R	Composite Unit of Measure	
		QTY03-1	R	Unit or Basis for Measurement Code	Use Value 'DA' - Days
		QTY03-2	N	Exponent	
		QTY03-3	N	Multiplier	
		QTY03-4	N	Unit or Basis for Measurement Code	
		QTY03-5	N	Exponent	
		QTY03-6	N	Multiplier	
		QTY03-7	N	Unit or Basis for Measurement Code	
		QTY03-8	N	Exponent	
		QTY03-9	N	Multiplier	
		QTY03-10	N	Unit or Basis for Measurement Code	
		QTY03-11	N	Exponent	
		QTY03-12	N	Multiplier	
		QTY03-13	N	Unit or Basis for Measurement Code	
		QTY03-14	N	Exponent	
		QTY03-15	N	Multiplier	
		QTY04	N	Free-Form Message	
	HCP/S - 308	HCP01	R	Pricing Methodology	SC Medicaid will not use this Segment
2305/S-314				<b>HOME HEALTH CARE PLAN</b>	SC Medicaid will not use this Loop
2310A/S-321				<b>ATTENDING PHYSICIAN NAME</b>	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
	NM1/S - 321	NM101	R	Entity Identifier Code	Required on all inpatient claims or encounters. Use value '71'
		NM102	R	Entity Type Qualifier	Use Value '1' - Person
		NM103	R	Attending Physician Last Name	
		NM104	S	Attending Physician First Name	Required if NM102=1 (person).
		NM105	S	Attending Physician Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Attending Physician Name Suffix	Required if known.
		NM108	R	Attending Physician Identification Code Qualifier	Use value 'XX' for NPI
		NM109	R	Attending Physician Primary Identifier	Use NPI Attending Physician.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S - 324	PRV01	R	Provider Code	Use code value 'AT' to report the specialty of the attending physician. Use code value 'SU' when the physician is responsible for the patient's Home Health Plan of Treatment.
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the attending physician and that was used for SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		PRV06	N	Provider Organization Code	
	REF/S - 326	REF01	R	Reference Identification Qualifier	
		REF02	R	Attending Physician Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2310B/S-328				<b>OPERATING PHYSICIAN NAME</b>	
	NM1/S - 328	NM101	R	Entity Identifier Code	This segment is required when any surgical procedure code is listed on this claim. Use value '72'
		NM102	R	Entity Type Qualifier	Use Value '1' - Person
		NM103	R	Operating Physician Last Name	
		NM104	R	Operating Physician First Name	
		NM105	S	Operating Physician Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Operating Physician Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI.
		NM109	R	Operating Physician Primary Identifier	NPI for Operating Physician.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S - 331	PRV01	R	Provider Code	Use code value 'OP' to report the specialty of the operating physician.
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-">www.wpc-</a>

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
					<a href="http://edi.com/hipaa">edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the attending physician and that was used for SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	REF/S - 333	REF01	R	Reference Identification Qualifier	
		REF02	R	Operating Physician Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2310C/S-335				<b>OTHER PROVIDER NAME</b>	SC Medicaid will not use this loop
2310E/S-349				<b>SERVICE FACILITY NAME</b>	This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) loop.
	NM1/S - 349	NM101	R	Entity Identifier Code	Use value 'FA' – Facility
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Laboratory or Facility Name	
		NM104	N	Name First	
		NM105	N	Name Middle	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	S	Identification Code Qualifier	Use value 'XX' for NPI.
		NM109	S	Laboratory or Facility Primary Identifier	Use NPI for Service Facility.
		NM110	N	Entity Relationship Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		NM111	N	Entity Identifier Code	
	PRV/S - 352	PRV01	R	Provider Code	Use code value 'RP' to report the specialty of the Service Facility.
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the attending physician and that was used for SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	N3/R - 354	N301	R	Laboratory or Facility Address Line	
		N302	S	Laboratory or Facility Address line	
	N4/R - 355	N401	R	Laboratory or Facility City Name	
		N402	R	Laboratory or Facility State or Province Code	
		N403	R	Laboratory Facility Postal Zone or ZIP Code	Use 9 Digit Zip Code
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S - 357	REF01	R	Reference Identification Qualifier	
		REF02	R	Laboratory or Facility Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
2320/S-359				<b>OTHER SUBSCRIBER INFORMATION</b>	Include Medicare payments.
	SBR/S - 359	SBR01	R	Payer Responsibility Sequence Number Code	
		SBR02	R	Individual Relationship Code	
		SBR03	S	Insured Group or Policy Number	This will be ignored if in the 2330A loop NM101 = 'IL' and NM108 = 'MI' and NM109 is not blank
		SBR04	S	Other Insured Group Name	
		SBR05	N	Insurance Type Code	
		SBR06	N	Coordination of Benefits Code	
		SBR07	N	Yes/No Condition or Response Code	
		SBR08	N	Employment Status Code	
		SBR09	S	Claim Filing Indicator Code	
	CAS/S - 365	CAS01	R	Claim Adjustment Group Code	To enter value codes formerly in HI segment, use "PR" in this field, the appropriate reason code in CAS02 and monetary amount in CAS03
		CAS02	R	Adjustment Reason Code	Use value '1' for deductible, value '2' for coinsurance
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	
		CAS05	S	Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	
		CAS08	S	Adjustment Reason Code	
		CAS09	S	Adjustment Amount	
		CAS10	S	Adjustment Quantity	
		CAS11	S	Adjustment Reason Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	
		CAS14	S	Adjustment Reason Code	
		CAS15	S	Adjustment Amount	
		CAS16	S	Adjustment Quantity	
		CAS17	S	Adjustment Reason Code	
		CAS18	S	Adjustment Amount	
		CAS19	S	Adjustment Quantity	
	AMT/S - 371	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Patient Paid Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 372	AMT01	R	Amount Qualifier Code	
		AMT02	R	Allowed Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 373	AMT01	R	Amount Qualifier Code	
		AMT02	R	Coordination of Benefits Total Submitted Charge Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 374	AMT01	R	Amount Qualifier Code	
		AMT02	R	Claim DRG Outlier Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 376	AMT01	R	Amount Qualifier Code	
		AMT02	R	Total Medicare Paid Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 378	AMT01	R	Amount Qualifier Code	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		AMT02	R	Medicare Paid at 100% Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 380	AMT01	R	Amount Qualifier Code	
		AMT02	R	Medicare Paid at 80% Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 382	AMT01	R	Amount Qualifier Code	
		AMT02	R	Paid From Part A Medicare Trust Fund Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 384	AMT01	R	Amount Qualifier Code	
		AMT02	R	Paid From Part B Medicare Trust Fund Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 386	AMT01	R	Amount Qualifier Code	
		AMT02	R	Non-covered Charge Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 387	AMT01	R	Amount Qualifier Code	
		AMT02	R	Claim Total Denied Charge Amount	
		AMT03	N	Credit/Debit Flag Code	
	DMG/S - 388	DMG01	R	Date Time Period Format Qualifier	
		DMG02	R	Other Insured Birth Date	
		DMG03	R	Other Insured Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	



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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		DMG09	N	Quantity	
	OI/R - 390	OI01	N	Claim Filing Indicator Code	
		OI02	N	Claim Submission Reason Code3	
		OI03	R	Benefits Assigned Certification Indicator	
		OI04	N	Patient Signature Source Code	
		OI05	N	Provider Agreement Code	
		OI06	R	Release of Information Code	
	MIA/S - 392	MIA01	R	Covered Days or Visits Count	
		MIA02	S	Lifetime Reserve Days Count	
		MIA03	S	Lifetime Psychiatric Days Count	
		MIA04	S	Claim DRG Amount	
		MIA05	S	Remark Code	
		MIA06	S	Claim Disproportionate Share Amount	
		MIA07	S	Claim MSP Pass-through Amount	
		MIA08	S	Claim PPS Capital Amount	
		MIA09	S	PPS-Capital FSP DRG Amount	
		MIA10	S	PPS-Capital HSP DRG Amount	
		MIA11	S	PPS-Capital DSH DRG Amount	
		MIA12	S	Old Capital Amount	
		MIA13	S	PPS-Capital IME Amount	
		MIA14	S	PPS-Operating Hospital Specific DRG Amount	
		MIA15	S	Cost Report Day Count	
		MIA16	S	PPS-Operating Federal Specific DRG Amount	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		MIA17	S	Claim PPS Capital Outlier Amount	
		MIA18	S	Claim Indirect Teaching Amount	
		MIA19	S	Non-payable Professional Component Amount	
		MIA20	S	Remark Code	
		MIA21	S	Remark Code	
		MIA22	S	Remark Code	
		MIA23	S	Remark Code	
		MIA24	S	PPS-Capital Exception Amount	
	MOA/S-397	MOA01	S	Reimbursement Rate	
		MOA02	S	Claim HCPCS Payable Amount	
		MOA03	S	Remark Code	
		MOA04	S	Remark Code	
		MOA05	S	Remark Code	
		MOA06	S	Remark Code	
		MOA07	S	Remark Code	
		MOA08	S	Claim ESRD Payment Amount	
		MOA09	S	Nonpayable Professional Component	
2330A/R-400				<b>OTHER SUBSCRIBER NAME</b>	
	NM1/R-400	NM101	R	Entity Identifier Code	
		NM103	R	Entity Type Qualifier	
		NM103	R	Other Insured Last Name	
		NM104	S	Other Insured First Name	
		NM105	S	Other Insured Middle Name	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		NM106	N	Name Prefix	
		NM107	S	Other Insured Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'MI'.
		NM109	R	Other Insured Identifier	Ignore value in element SBR03 in loop 2320 if NM101 = 'IL' and NM108 = 'MI' and this element is not blank in this loop
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S - 404	N301	R	Other Insured Address Line	
		N302	S	Other Insured Address Line	
	N4/S - 406	N401	R	Other Insured City Name	
		N402	R	Other Insured State Code	
		N403	R	Other Insured Postal Zone or ZIP Code	
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-408	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Insured Additional Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2330B/R-410				<b>OTHER PAYER NAME</b>	
	NM1/R-410	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	R	Other Payer Last or Organization Name	

LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		NM104	N	Name First	
		NM105	N	Name Middle	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'PI'.
		NM109	R	Other Payer Primary Identifier	Use the carrier codes assigned by SC Medicaid to identify other insurance carriers.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S - 412	N301	R	Other Payer Address line	
		N302	S	Other Payer Address line	
	N4/S - 413	N401	R	Other Payer City Name	
		N402	R	Other Payer State Code	
		N403	R	Other Payer Postal Zone or ZIP Code	
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	DTP/S - 415	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Qualifier	
		DTP03	R	Adjudication or Payment Date	
	REF/S - 416	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Payer Secondary Identifier	
		REF03	N	Description	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		REF04	N	Reference Identifier	
	REF/S- 418	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Payer Prior Authorization or Referral Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2330C/S-420				<b>OTHER PAYER PATIENT INFORMATION</b>	SC Medicaid will not use this loop.
2330D/S-424				<b>OTHER PAYER ATTENDING PROVIDER</b>	SC Medicaid will not use this loop.
2330E/S-428				<b>OTHER PAYER OPERATING PROVIDER</b>	SC Medicaid will not use this loop.
2330H/S-440				<b>OTHER PAYER SERVICE FACILITY</b>	SC Medicaid will not use this loop.
2400/R-444				<b>SERVICE LINE</b>	
	LX/R - 444	LX01	R	Assigned Number	
	SV2/446	SV201	R	Revenue Code	
		SV202	S	Composite Medical Procedure Identifier	
		SV202-1	R	Product or Service ID Qualifier	
		SV202-2	R	HCPCS Procedure Code	
		SV202-3	R	HCPCS Modifier 1	
		SV202-4	R	HCPCS Modifier 2	
		SV202-5	S	HCPCS Modifier 3	
		SV202-6	S	HCPCS Modifier 4	
		SV202-7	N	Description	
		SV203	R	Total Revenue Charges	
		SV204	R	Unit or Basis for Measurement Code	
		SV205	R	Service Line Units	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		SV206	S	Service Line Rate	
		SV207	S	Service Line Non-Covered Charge Amount	
		SV208	N	Yes/No Condition or Response Code	
		SV209	N	Nursing Home Residential Status Code	
		SV210	N	Level of Care Code	
	PWK/S - 452	PWK01	R	Report Type Code	
		PWK02	R	Report Transmission Code	
		PWK03	N	Report Copies Needed	
		PWK04	N	Entity Identifier Code	
		PWK05	S	Identification Code Qualifier	
		PWK06	S	Identification Code	
		PWK07	N	Description	
		PWK08	N	Actions Indicated	
		PWK09	N	Request Category Code	
	DTP/S - 456	DTP01	R	Date/Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Line Service Date	
	DTP/S - 458	DTP01	R	Date/Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Assessment Date	
	AMT/S - 460	AMT01	R	Amount Qualifier Code	
		AMT02	R	Service Tax Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S - 461	AMT01	R	Amount Qualifier Code	
		AMT02	R	Facility Tax Amount	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		AMT03	N	Credit/Debit Flag Code	
	HCP/S - 29 (Addenda)	HCP01	R	Pricing Methodology	SC Medicaid will not use this Segment
2410/S-35 (Addenda)				<b>DRUG IDENTIFICATION</b>	
	LIN/S-35 (Addenda)	LIN01	N	Assigned Identification	
		LIN02	R	Product/Service ID Qualifier	Value 'N4'
		LIN03	R	Product/Service ID	National Drug Code(NDC)
		LIN04	N	Product/Service ID Qualifier	
		LIN05	N	Product/Service ID	
		LIN06	N	Product/Service ID Qualifier	
		LIN07	N	Product/Service ID	
		LIN08	N	Product/Service ID Qualifier	
		LIN09	N	Product/Service ID	
		LIN10	N	Product/Service ID Qualifier	
		LIN11	N	Product/Service ID	
		LIN12	N	Product/Service ID Qualifier	
		LIN13	N	Product/Service ID	
		LIN14	N	Product/Service ID Qualifier	
		LIN15	N	Product/Service ID	
		LIN16	N	Product/Service ID Qualifier	
		LIN17	N	Product/Service ID	
		LIN18	N	Product/Service ID Qualifier	
		LIN19	N	Product/Service ID	
		LIN20	N	Product/Service ID Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		LIN21	N	Product/Service ID	
		LIN22	N	Product/Service ID Qualifier	
		LIN23	N	Product/Service ID	
		LIN24	N	Product/Service ID Qualifier	
		LIN25	N	Product/Service ID	
		LIN26	N	Product/Service ID Qualifier	
		LIN27	N	Product/Service ID	
		LIN28	N	Product/Service ID Qualifier	
		LIN29	N	Product/Service ID	
		LIN30	N	Product/Service ID Qualifier	
		LIN31	N	Product/Service ID	
	CTP/S-38 (Addenda)	CTP01	N	Class of Trade Code	SC Medicaid will not use this segment.
		CTP02	N	Price Identifier Code	
		CTP03	R	Unit Price	
		CTP04	R	Quantity	
		CTP05	R	Composite Unit of Measure	
		CTP05	R	Composite Unit of Measure	
		CTP05-1	R	Unit or Basis for Measurement	
		CTP05-2	N	Exponent	
		CTP05-3	N	Multiplier	
		CTP05-4	N	Unit or Basis for Measurement Code	
		CTP05-5	N	Exponent	
		CTP05-6	N	Multiplier	



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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
		CTP05-7	N	Unit or Basis for Measurement Code	
		CTP05-8	N	Exponent	
		CTP05-9	N	Multiplier	
		CTP05-10	N	Unit or Basis for Measurement Code	
		CTP05-11	N	Exponent	
		CTP05-12	N	Multiplier	
		CTP05-13	N	Unit or Basis for Measurement Code	
		CTP05-14	N	Exponent	
		CTP05-15	N	Multiplier	
		CTP06	N	Price Multiplier Qualifier	
		CTP07	N	Multiplier	
		CTP08	N	Monetary Amount	
		CTP09	N	Basis of Unit Price Code	
		CTP10	N	Condition Value	
		CTP11	N	Multiple Price Quantity	
	REF/S-40 (Addenda)	REF01	R	Reference Identification Qualifier	
		REF02	R	Prescription Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2420A/S-462				<b>ATTENDING PHYSICIAN NAME</b>	SC Medicaid will not be using this segment
2420B/S				<b>OPERATING PHYSICIAN NAME</b>	SC Medicaid will not be using this segment
2420C/S-476				<b>OTHER PROVIDER NAME</b>	SC Medicaid will not be using this segment
2430/S				<b>SERVICE LINE ADJUDICATION INFORMATION</b>	

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<b>LOOP**</b>	<b>SEG ID</b>	<b>Element</b>	<b>Element Requirement</b>	<b>Segment Name or Data Element Industry Name</b>	<b>South Carolina Medicaid Specifications*</b>
	SVD - 490	SVD01	R	Payer Identifier	
		SVD02	R	Service Line Paid Amount	
		SVD03	S	Composite Medical Procedure Identifier	
		SVD03-1	R	Product or Service ID Qualifier	
		SVD03-2	R	Procedure Code	
		SVD03-3	S	Procedure Modifier	
		SVD03-4	S	Procedure Modifier	
		SVD03-5	S	Procedure Modifier	
		SVD03-6	S	Procedure Modifier	
		SVD03-7	S	Procedure Code Description	
		SVD04	R	Service Line Revenue Code	
		SVD05	R	Adjustment Quantity	
		SVD06	S	Bundled or Unbundled Line Number	
	CAS/S - 494	CAS01	R	Claim Adjustment Group Code	
		CAS02	R	Claim Adjustment Reason Code	
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	
		CAS05	S	Claim Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	
		CAS08	S	Claim Adjustment Reason Code	
		CAS09	S	Adjustment Amount	
		CAS10	S	Adjustment Quantity	

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LOOP**	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	South Carolina Medicaid Specifications*
		CAS11	S	Claim Adjustment Reason Code	
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	
		CAS14	S	Claim Adjustment Reason Code	
		CAS15	S	Adjustment Amount	
		CAS16	S	Adjustment Quantity	
		CAS17	S	Claim Adjustment Reason Code	
		CAS18	S	Adjustment Amount	
		CAS19	S	Adjustment Quantity	
	DTP/S -502	DT001	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Service Adjudication or Payment Date	
9999/R-503				<b>ST TRAILER</b>	
	SE/R-503	SE01	R	Transaction Segment Count	Enter Number of Segments Included in Transaction Set, including the ST and SE.
		SE02	R	Transaction Set Control Number	Assigned by Sender – Must be Identical to Transaction Set Header ST02
	<b>GS/R-B.10</b>	GS01	R	Number of Transaction Sets Included	Enter Number of Transaction Sets Included
		GS02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GE02
	<b>IEA/R-B.7</b>	IEA01	R	Number of Included Functional Groups	Enter Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

## 4. DOCUMENT CHANGE HISTORY

Project Information
<b>Project Name:</b> 837 Institutional Companion Guide

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Version	Approval Date	Changed By	Reason
1.0	06/02/03		Original Document
1.1	09/03/03	Jim Hazelrigs	<p>Page 2, 3rd bullet from the bottom changed to read:</p> <ul style="list-style-type: none"> <li>For a recipient's unknown Social Security Number (SSN), use "123456789" as the submitted value to SC Medicaid.</li> </ul> <p>Page 5 –</p> <p>changed usage of 2000A loop to situational and marked it as not being used by SC Medicaid</p> <p>Page 9 –</p> <p>NM108 value changed to "PI"</p> <p>Page 64 –</p> <p>NM108 value changed to "MI"</p>
1.2	9/30/03	Jim Hazelrigs	<p>Following text is removed from page 2, SCOPE paragraph –</p> <p>A trading partner may not have all data collected in their system to plug every required field on the transaction. In these cases, the following values are suggested:</p> <ul style="list-style-type: none"> <li>For unknown fields defined as AN (alphanumeric) in the <i>ANSI X12 Implementation Guide</i>, use UNKNOWN as the submitted value to SC Medicaid.</li> <li>For date fields defined as CCYYMMDD in the <i>ANSI X12 Implementation Guide</i> that are not known, use format 99991231 as the submitted value to SC Medicaid.</li> <li>For a recipient's unknown Social Security Number (SSN), use "123456789" as the submitted value to SC Medicaid.</li> </ul> <p>NOTE: The submission of these values does not guarantee a payment. All claims are subject to the SC Medicaid edits.</p>
1.3	3-Dec-03	Jim Hazelrigs	For REF02 segment changed Use value '004010X097DA1' in test mode and '004010X97A1' in production. It now reads use value '004010X97A1'.
1.4	12/18/03	Jim Hazelrigs	<p>Page 3</p> <p>For REF02 segment changed to read: Use value "004010X96A1".</p>

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Version	Approval Date	Changed By	Reason
1.5	01/16/04	Jim Hazelrigs	<p>p.12 – referring to the CLM02 entry - Total Claim Charge Amount</p> <p>added the text – “Due to limitations in the SCMMIS, this entry should have no more than positions to the left of the decimal and two positions to the right – 9(7)V99”.</p> <p>P 16 – referring to the REF01 entry (REF/S – 198) - Reference Identification Qualifier</p> <p>SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line.</p>
1.6	03/03/04	Jim Hazelrigs	<p>p.12 – referring to the CLM02 entry - Total Claim Charge Amount</p> <p>Added the text – “Due to limitations in the SCMMIS, this entry should have no more than 5 positions to the left of the decimal and two positions to the right – 9(5)V99”.</p>
NA	03/17/04	Tina Roberts	Per Management, updated footers, title page and document for version number. This document is referenced internally as version 2.6, but is published as version 1.6.
1.7	4/22/04	Jim Hazelrigs	<p>p. 12 – referring to the CLM05-3 segment - Claim Frequency code – note changed to read</p> <p>NOTE: for codes 7 and 8, the Claim Control Number (CCN) of the original claim must be provided in a REF segment in this loop in the Claim Original Reference Number element</p>
1.8	8/11/04	Colleen McCuen	<p>p. 57, the notation for Insured Group or Policy Number is changed to read:</p> <p>This will be ignored if in the 2330A loop NM101 = 'IL' and NM108 = 'MI' and NM109 is not blank</p> <p>p. 62, the notation for Other Insured Identifier is changed to read:</p> <p>Ignore value in element SBR03 in loop 2320 if NM101 = 'IL' and NM108 = 'MI' and this element is not blank in this loop</p> <p>Reverse change made on 3/3/04 back to change made on 1/16 as follows:</p> <p>p.11 – referring to the CLM02 entry - Total Claim Charge Amount</p> <p>added the text – “Due to limitations in the SCMMIS, this entry should have no more than 7 positions to the left of the decimal and two positions to the right – 9(7)V99”.</p>

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2.0	9/15/04	Jim Hazelrigs	<p>Changes added for additional repetitions of codes as described below. This includes now accepting all HIPAA mandated repetitions of these codes.</p> <p>UB-92</p> <ul style="list-style-type: none"> <li>• Condition Codes – increased from 7 to 24</li> <li>• Occurrence Codes – increased from 8 to 24</li> <li>• Span Codes – increased from 2 to 24</li> <li>• Value Codes – increased from 12 to 24</li> <li>• Diagnosis Codes – increased from 10 to 27 (includes Principle, Admitting, E-Code, and 24 others)</li> <li>• Modifiers – increased from 2 per line to 4 per line</li> </ul>
3.0	12/08/05	Colleen McCuen	<p>Various changes throughout the document for the National Provider Identifier (NPI):</p> <p><u>SC Medicaid Specifications Added to the Following:</u></p> <p>-p.3, Element NM101</p> <p>-p.4, Element NM108, Element NM109, REF01, REF02</p> <p>-p.74, Element NM101, Element NM108, Element NM109, Element PRV01, Element PRV02, Element PRV03</p> <p>-p.75, Element REF01, Element REF02, Element NM101, Element NM108, Element NM109</p> <p>-p.76, Element REF01, Element REF02, Loop 2310C/S-335</p> <p>-p.77, Loop 2310E/S-349</p> <p>-p.90, Loop 2420A/S-462</p> <p>-p.91, Loop 2420B/S</p> <p><u>Seq ID (PRV/S-331) and Associated Elements Added</u></p> <p>-p.75, Element PRV01</p> <p>-p.76, Element PRV02, Element PRV03, Element PRV04, Element PRV05, Element PRV06</p> <p><u>Seq ID (PRV/S-472) and Associated Elements Added</u></p> <p>-p.91, Element PRV01, Element PRV02, Element PRV03</p> <p>-p.92, Element PRV04, Element PRV05, Element PRV06</p>
3.1	01/11/06	Colleen McCuen	<p>p.75 - Removed the PRV segment from the 2310B loop since this was removed in the 4010A Addendum. (See PRV/S-331 p. 75 and p. 76 above)</p>
3.2	04/11/06	Colleen McCuen	<p>p. 3 – changed the transaction type code from "Use value '004010X96A1'" to "Use value '004010X96A1'"</p>
3.3	05/23/07	Kathy Dugan	<p>Pg 1, removed 'at no charge' in reference to Implementation Guide Availability. Pg 2, changed UB-92 to UB-04. Added NPI Transition Period Instructions. Added ISA/IEA and GS/GE information. General clean up.</p> <p>Aligned table starting on page 44.</p>

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Version	Approval Date	Changed By	Reason
3.4	08/27/07	Charley Cosby	Pg 60. Loop 2320 Added instructions for CMS change to no longer use value codes in HI Segment, to instead use 2320 CAS01, CAS02 and CAS03
3.5	05/12/08	Charley Cosby	P 19. K301 added POA indicator instructions. Various pages, removed references to legacy provider numbers for 2010AA, 2310A, 2310B and 2310E in order to meet HIPAA requirements. Changed GS08 to 004010X096A1.